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CONFIRMATION NO. 5982

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/767,663	01/29/2004	514	1612	SC&C-100US

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**** CONTINUING DATA *******
 This appln claims benefit of 60/443,173 01/29/2003

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** * SMALL ENTITY *
 06/17/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and /SNIGDHA Acknowledged MAEWALL/ Examiner's Signature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance SM Initials	STATE OR COUNTRY ISRAEL	SHEETS DRAWINGS 29	TOTAL CLAIMS 173	INDEPENDENT CLAIMS 9
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TITLE
 Active drug delivery in the gastrointestinal tract

FILING FEE RECEIVED 2085	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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